C		CITY OF TITUSVILLE, P	A FOC	)D E	STA	۱Bl	.ISHM	ENTIN	SPECTI	ON RE	PORT		
٠.	<del>-</del> "					No. of Risk Factor/Interventions Violations					Date	119	119
CITY OF TITUSVILLE DEPARTMENT OF HEALTH  Establishment Location					No. of Repeat Risk Factor/Intervention/Violations						Current	1/15/2	019
										Phone Expiration 1/13/2019			
	za Hut		322		entr	al	Ave			FINITE			
cens		Permit Holder	Pi	urpos	e of Ir	nspe	ection E	st Type		Risk Cat	egory		-
ermi	t # Arlene !	Lawrence		Routii	ne) F	Follo	w-up	FS (RS		Higl	n Med	lium) L	ow
		FOODBORNE ILLNESS	RISK F	ACTU	DRS A	ND	PUBLIC	HEALTH	INTERVEN	ITIONS			
78	Circle designa	ted compliance status (IN, OUT, N/O, N/	A) for eac	h num	nbered	item	<u></u>		Mark "X" in	appropriat	e box for 0	OS and/or	R
TIV		OUT = not in compliance N/O = not Compliance Status	observed	COS	R not	арр	licable		rected on-sit		spection <b>F</b>	t = repeat	violation cos
		Demonstration of Knowledge					Do		•		imo/Tom	morature	
		Certification by accredited program			Potentially Hazardous Food Time/Ter  16 IN OUT N/A N/O Proper cooking time & tempera							3	
1	IN OUT	compliance with Code, or correct respo	nses			17		N/A N/O	· · · · · ·	eating pro			
		Employee Health				18		N/A N/O	Proper coo	oling time 8	temperati	ıres	
2 3	IN OUT	Management awareness; policy present Proper use of reporting, restriction & ex		-	<del></del>	19 20	IN OUT		<del></del>	t holding te			
	211 001	Good Hygienic Practices	XCIUSION			21	IN OUT	,	<del></del>	d holding to e marking	·		
ļ	IN OUT N/O	Proper eating, tasting, drinking, or tobacco	o use			22	IN OUT		Time as pu	<u>.</u>			
5	IN OUT N/O	No discharge from eyes, nose, and mou	uth										
_		eventing Contamination by Hands	<u> </u>						Consumer Consumer	ner Advis		row or	
6	IN OUT N/O	Hands clean & properly washed				23	IN OUT N	I/A	undercook		ovided 101	Taw UI	
7	IN OUT N/A N/O	No bare hand contact with RTE foods o approved alternate method properly fol						Higl	nly Suscep	ptible Po	pulation	s	
8	IN OUT	Adequate handwashing facilities supplied 8				24	IN OUT N	I/A	Pasteurized		ed; prohibit	ed foods	
		Approved Sources				_,			not offered	emical			
9	IN OUT	Food obtained from approved source			] :	25	IN OUT N	I/A	Food additiv		ed & proper	ly used	
0	IN OUT N/A N/O	Food received at proper temperature				26	IN OUT N	I/A	Toxic substa	ances prope	rly identified	d, stored &	
1	IN OUT	Food in good condition, safe & unadulto	erated					Conform	ance with	Approve	ed Proce	dures	
2	IN OUT N/A N/O	Required records available: shelf stock	tags,			27	IN OUT N		Compliance	e with varia	nce, specia		
		parasite destruction  Protection from contamination							process, &	HACCP pla	n		
13	IN OUT N/A	Food separated & protected						actors are improper practices or procedures identified as the mo buting factors of foodborne illness or injury. Public Health Interv					
.4	IN OUT N/A	Food-contact surfaces: cleaned & saniti  Proper disposition of returned, previous				cor			idborne illnes ures to preve				entions a
.5	IN OUT	served, reconditioned & unsafe food	"										
		odiredy reconditioned & dileare reed											
	Go		GOO	D RE	TAIL	PR/	ACTICES	lans shomic	and about	ical object	- into foods		****
	Go <b>`X"</b> in box if numl	od Retail Practices are preventative meas pered item <b>is not</b> in compliance <b>Mark</b>	sures to co	ontrol i	the add	ditior	n of pathog	jens, chemic	als and phys	sical object: n-site durin	s into foods g inspectio	s. n <b>R</b> =repe	eat viola
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ark`	"X" in box if numl	od Retail Practices are preventative meas pered item <b>is not</b> in compliance <b>Mark</b> <b>Safe Food and Water</b>	sures to co "X" in app	ontrol i propria	the add ate box	ditior × for	n of pathog COS and/o	gens, chemic or R <b>COS</b> =	corrected or Proper Us	n-site durin	g inspectio	s. n <b>R</b> =repe	
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ark 28 29	Pasteur Water & Varianc	od Retail Practices are preventative meas bered item is not in compliance Mark  Safe Food and Water  ized eggs used where required  ice from approved source  e obtained for specialized processing met  Food Temperature Control	sures to co "X" in app	ontrol i propria	the add	dition x for 41 42	of pathog COS and/o	ens, chemic or R COS= -use utensils ensils, equip ngle-use& si oves used pr	Proper Us properly sto a linens: properly properly	n-site durin se of Ute ored operly stor articles: pro	nsils  ed, dried & operly store	n <b>R</b> =repe	
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	FOOD	ESTABLISHMEN						
	115		GREASE TRAP I		l	1/9/19		
CITY OF TITUSVI DEPARTMENT OF			Yes	No	Date	11112		
Establishment		Address/City/State/Zip C	ode		Phone			
Pizza Hut		322 E Central Ave			316-634-2133			
		TEMPERATURE	OBSERVATIONS					
Item/Location	Temp	Item/Location	Temp	Item/Loc	ation	Temp		
ESSI SILVE BAR		380						
Doiegs Cont	<u></u>	410						
PizzamskeTX	Sle Han	380						
Freeze	407				·			
MATINARA	1350							
, , , , ,			-					
						:		
FEC	yes							
VIL	901	OBSERVATIONS AND	CORRECTIVE ACTION	NS				
			,-					
Item Violat	ions cited in this report mu	ust be corrected within the	e time frames below, or	as stated in secti	ons 8-405.	11 of the food code.		
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Person in Charge (Sign	natural MIMA	1 / mlne			Date:	1/9/19		
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	CA (HAM)	$(\emptyset)$				valce		
Inspector (Signature)			<u>-</u>		Date:	11717		